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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 MAY -4 PM 12:00

EARL WILLIAMS

(List the full name(s) of the plaintiff(s)/petitioner(s).)

22 CV 0316 (LTS)()

-against-

LAURA TAYLOR SWAIN, CHIEF UNITED STATES DISTRICT JUDGE

NOTICE OF APPEAL

CITY DERM, ET AL.,

(List the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that the following parties: EARL WILLIAMS

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the judgment order entered on: APRIL 15, 2022
(date that judgment or order was entered on docket)

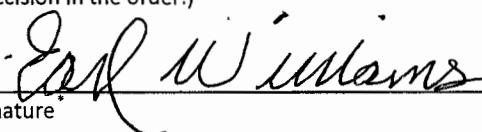
that: JUDGEMENT WAS PASSED IN THIS CASE ON THE WAY I DESCRIBED THE ATMOSPHERE

OF THE TWO PLACES THAT I VISITED AND NOT ON MEDICAL SITUATION
(If the appeal is from an order, provide a brief description above of the decision in the order.)

APRIL 30, 2022

Dated

Signature



WILLIAMS, EARL

Name (Last, First, MI)

2900 BRIGGS AVENUE, APT. 10, BRONX,

NY

10458

Address

City

State

Zip Code

646 - 659 - 0568

Telephone Number

E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 MAY -4 PM 12:00

EARL WILLIAMS

22 CV 0316 (LTS)

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

LAURA TAYLOR SWAIN, CHIEF UNITED STATES DIST JUDGE

CITY DERM, ET AL.,

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

APRIL 30, 2022

Dated


Signature

WILLIAMS, EARL

Name (Last, First, MI)

2900 BRIGGS AVENUE, APT 10, BRONX, N.Y.

10458

Address

City

State

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646 - 659 - 0568

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Application to Appeal In Forma PauperisLAURA TAYLOR SWAIN, CHIEF UNITED STATES DISTRICT JUDGE
CITY DERM. ET AL.,

EARL WILLIAMS v. _____

Appeal No. _____

District Court or Agency No. _____

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p>
Signed: <u>Earl Williams</u>	Date: <u>APRIL 30, 2022</u>

My issues on appeal are: (required):

I NEEDED MEDICAL SURGERY. I HAD FULL COVERAGE. MY INSURANCE PAID THEIR PART OF THE BILL AND I WAS TO PAY THE BALANCE. WHEN I RECEIVED THIS BILL, HOWEVER, NO WORK HAD BEEN DONE AT THIS POINT IN TIME. WHERE MONTHS HAD PASSED SINCE MY INITIAL VISIT, I HAD BEEN TOLD AT BOTH LOCATIONS I WOULD HEAR FROM THEM WITHIN 2-3 DAYS. THREE WEEKS PASSED, AGAIN. I RETURNED TO WEST 125TH STREET AND THEY AGAIN TOLD ME THAT WITHIN 2-3 DAYS I WOULD BE CONTACTED. MEANTIME, I AM IN SERIOUS PAIN, THE CYSTS ARE GROWING THROUGH MY UPPER LIP AND DIRECTING TO THE EYE THROUGH MY NOSTRIL. (CONTINUED PG 1A)

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$

EARL WILLIAMS VS LAURA TAYLOR SWAIN, CHIEF UNITED STATES DISTRICT JUDGE
CITY DERM, ER AL.,

DUE RESPECT TO THE JUDGE AND HER POSITION, THE POINT OF MY CLAIM IS MISSING.
I WENT FOR MEDICAL PROCEDURES WHICH IS A SPECIALITY OF CITY DERM.
INSTEAD MY CLAIM WAS DISMISSED BECAUSE OF THE WAY I DESCRIBED THE ATMOSPHERE
OF THE TWO LOCATIONS.

AND, FOR THE RECORD AND THE JUDGE TO KNOW. I AM A BLACK AMERICAN, 71 YEARS
OF AGE, IF, THAT IS IMPORTANT TO HER OR TO WHOMEVER IT MAY CONCERN.
THE STAFF AT BOTH PLACES DO NOT PERFORM SURGERY, I.E., THE RECEPTIONIST AND
THEIR CLERICAL STAFF, JUST THE DOCTORS. I HAVE NO PROBLEM WITH THE STAFF.

I WANT TO STATE THAT I WAS DENIED MEDICAL TREATMENT, NOT ONCE BUT TWICE BY
CITY DERM.

SIGNATURE

Earl Williams

Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 1094.70	\$	\$ 1094.70	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): FOOD STAMPS	\$ 300.00	\$	\$ 300.00	\$
Total monthly income:	\$ 0 1,394.70	\$ 0	\$ 0 1394.70	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A		0	\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
			\$
			\$

4. *How much cash do you and your spouse have? \$ 90.00*

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
BANCO POPLAR	SAVINGS	\$ 90.00	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. *List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.*

Home	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NO ONE	\$ 0	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
NONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 125.00	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 300.00	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 20.00	\$
Medical and dental expenses	\$ 0	\$

Transportation (not including motor vehicle payments)	\$ 25.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 134.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name):	\$ 0	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify):	\$ 0	\$
Total monthly expenses:	\$ 0 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

12. *Identify the city and state of your legal residence.*

City BRONX State N.Y.

Your daytime phone number: 646 - 659 - 0568

Your age: 71 Your years of schooling: 11

Last four digits of your social-security number: 2295